U.S. Department of Labor Office of Labor-Management Standards Washington, DC 20210

FORM LM-30 LABOR ORGANIZATION OFFICER AND EMPLOYEE REPORT

Form approved Office of Management and Budget No. 1215-0188 Expires 11-30-2006

This report is mandatory under P.L. 86-257, as amended. Failure to comply may result in criminal prosecution, fines, or civil penalties as provided by 29 U.S.C 439 or 440.

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. File Number U - 01156		2. Fiscal	Year Covered From:			
/ With 1 word DTIM		2.7	1 / 1 / 2004	Through:	12 / 31	/ 2004
. Name and address of person filing.		4. Name	4. Name, file number, and address of labor organization.			
Name William C Burke, Jr.		Name	UFCW Local 400			
		Labor	Organization File Number	005-511		
O. Box, Bldg., Room No., if any		P.O. Box, Building and Room Number, if any				
Street 416 St. Lawrence Drive		Street	4301 Garden City	Drive		
Silver Spring		City	Landover			
	de + 4 20901	State			ZIP Code + 4	20875
Position in labor organization. Enter appropriate data below If, during the past fis	scal year, you or your	spouse or min	Maryland nor child directly or indirect forth in the instructions):	tly had any of		
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Date

Telephone Number

Name of Person Filing William Burke, Jr.	File Number U- 011	.56
B. Held an interest in or derived income or economic benefit with monetar substantial part of which consists of buying from, selling or leasing to, or of an employer whose employees your labor organization represents or is (2) any part of which consists of buying from or selling or leasing directly of dealing with your labor organization or with a trust in which your labor organization.	otherwise dealing with the business actively seeking to represent, or or indirectly to, or otherwise	
8. Name and address of Business (including trade name, if any). Name Page One Photography Inc. Trade Name, if any: P.O. Box, Bldg., Room No., if any Street 2441 Linden Lane City Silver Spring State Maryland ZIP Code + 4 20910	9. Business deals with: a. Labor Organization b. Trust c. Employer	
40 H 0 h as 0 a la chacked sinc trust or complexer's name	11.a. Nature of such dealing.	
10. If 9.b. or 9.c. is checked give trust or employer's name. Name Trade Name, if any: P.O. Box, Bldg., Room No., if any	William C. Burke, Jr. is 44% owner Photography, Inc.	r of Page One
Street	11.b. Approximate dollar value of such dealing.	
City	12.a. Nature of interest held or income received.	
State ZIP Code + 4	\$7,425.56	
	12.b. Amount.	
C. Received from any employer (other than an employer covered or from any labor relations consultant to an employer any payment of m	under parts A and B above) oney or other thing of value.	
13.a. Name and address of Employer or Labor Relations Consultant (including trade name, if any). Name Trade Name, if any: P.O. Box, Bldg., Room No., if any Street City State ZIP Code + 4	14.a. Nature of payment.	
13.b. Is the Business an Employer or Consultant?	14.b. Amount of payment.	